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JUN 9 1972

JANUARY-FEBRUARY 1972

PROCUREMENT SECTION
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National Nutrition Education Conference

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Teenagers and their nutrition was the topic under consideration for 400 professionals who met in Washington, D.C., in November 1971. The event was the 5th National Nutrition Education Conference. Each Conference has focused on some particular aspect of nutrition education. This year the Conference was devoted to determining ways of reaching youth with information which would help them develop and maintain desirable eating habits.

The Conference was co-sponsored by the Federal Inter-agency Committee on Nutrition Education (ICNE) and Nutrition Programs Service, Consumer and Food Economics Research Division, Agricultural Research Service, U.S. Department of Agriculture.

The theme of the Conference was: YOUTH-NUTRITION-COMMUNITY. The Conference focused on:

1. Youth today—his values, life styles, eating habits, health.
2. Youth in his environment—physical, biological, social.
3. Identification of effective ways of working with youth in providing support in the development of his food habits.

Forty-eight of the fifty States, Washington, D. C., the Virgin Islands, and Puerto Rico were represented at the Conference. Social, behavioral, medical, and biological scientists were present. There were participants from local, State, and Federal level organizations, food industries, and educational institutions.

Most participants were nutritionists or nutrition educators. The Conference was designed for them with the hope that as a result of the Conference they would incorporate new ideas and approaches into their own programs or materials for youth.

The Conference material on teenage nutrition was presented in a sequential manner. The first day was devoted to a consideration of youth as he is today—his values, life styles, health status, growth and development, and nutritional status.

On the second day, armed with information on the status of youth, the conferees turned to a consideration of who is responsible for establishing the dietary habits of youth, and to a discussion of current and innovative nutrition education programs, actions, and techniques.

The third and final day of the Conference was devoted to developing an awareness of the challenges and opposition facing nutrition educators today and assessing the potential of youth to contribute to challenging, worthwhile programs.

In this issue of Nutrition Program News, we will present the highlights of each of the speeches presented at the Conference.

Dr. Ned Bayley, Director, Science and Education, U.S. Department of Agriculture, stated in his welcoming address that there is a need for those of us who work with youth to understand and cope with the beliefs and concerns of the young. Too often we know too little about the goals and values of the people we are trying to reach. Our approaches in working with youth need improvement. Young people themselves may be able to suggest ways in which we can improve our methods. We must develop means of demonstrating to the young that the advantages of sound food practices are greater than the advantages of competing food practices. We need to develop an educational environment "where the young will recognize and give priority to the advancement of good nutrition."

TECHNICAL PROCEEDINGS

Attitudes, values, and life styles of youth

Cornell University rural sociologist, Dr. William Reeder, opened the technical portion of the Conference with a discussion of the attitudes, values, and life styles of youth. He stated that "a large part of many health problems are in fact the attitudes, values, and life styles of the patients and the more we know about them, the better we will be

able to assist in the solution of the health problems of youth."

Attitudes and values help determine and are a part of the life styles an individual follows. Life styles are the social systems in which each individual participates. He participates actively in 4, 5, or 6 systems, such as family, religion, school, sports, job, social group, or peer groups. Each of these social systems or special interest groups promotes a cluster of value standards which members are encouraged to develop. These standards are relevant to the existence and goal of the system.

Behind every life style is a philosophy of life. If the life style behavior becomes inconsistent with the underlying philosophy of life, the individual will tend to alter either behavior or philosophy in the interest of regaining consistency in his life. Dr. Reeder stated that the easiest and most likely adjustment is bringing the philosophy—the beliefs and disbeliefs—in line with behavior. "Thus, we can say that as a man does, so he also comes to believe."

With these explanations of life styles in hand, Dr. Reeder moved on to a discussion of the attitudes, values, and life styles of youth in particular. He stated that there is no one particular set of values and attitudes that characterize youth. Attitudes of youth and adults from the same community tend to be similar. Exceptions are areas where their lives tend not to overlap (recreation activities) and political and sex beliefs. Youth are a little to the left politically and slightly more liberal regarding sex than are the adults in their community. The drift away from organized religion is greater for youth than for adults.

The generation gap appears to be no great problem for 80 percent of youth. A generation gap probably does exist for the remaining youth who, according to Dr. Reeder's research, tend to feel that neither parents nor teachers understand them. Studies indicate that alienated youth and young radicals comprise a minority of youth. Estimates range from less than five to as much as ten percent of the youth population.

Studies of teenagers indicate that youth have established clear-cut value standards by the time they enter high school. The school systems have little or no effect on the value standards of students. However, many special interest groups (religious, professional, social, etc.,) may have an effect on the values of teenagers.

Traditionally, family values have had a strong influence on the life styles, attitudes, and values of youth. "Recently," Dr. Reeder said, "many schools have abdicated their support of family value standards, and churches have largely turned their attention to other matters." It is too early to assess the long-term effects of these changes. "It is an open question whether the family can maintain its main value standards without the support of other social systems with-

in the society." The question is important because value standards of the family cluster are often closely related to health problems of youth.

Health status of youth

Dr. Felix Heald of the Department of Pediatrics, University of Maryland School of Medicine, turned our attention to a consideration of the state of health of our youth. He noted that the major characteristic of adolescence is an increased rate of biological growth (second only to that immediately prior to and following birth), accompanied by predictable and orderly psychological and intellectual changes.

Mortality.—In terms of disease mortalities, adolescence is a very healthy period. Early adolescents have the lowest death rate in human life. Accident mortality rates are higher than disease mortality rates, and are approximately three times greater for males than for females.

Morbidity.—Of diseases found only in teenagers, those with crippling implications are mostly bone disorders. Bones are growing rapidly and are thus more susceptible to malformations than at times of less rapid growth.

Two disorders with special implications for teenagers are pregnancy and venereal diseases. Pregnancy during adolescence is becoming more common and carries higher risks of complications for the mother and the baby than does pregnancy at a later age. Teenage pregnancy causes intense physical and psychological stress.

Venereal diseases, particularly gonorrhea and syphilis, are primarily diseases of 15- to 24-year olds. "We have a raging epidemic going on in this country," stated Dr. Heald. Gonorrhea has been treated with penicillin since 1945, but in the past decade an alarming increase in penicillin resistant strains of gonorrhea has occurred. Syphilis is a far more dangerous disease. Dr. Heald noted that it is "sometimes difficult to detect and to treat so it won't have devastating effects on the central nervous system."

Several of the diseases which afflict teenagers have an effect on their adult lives. Obesity, although apparent to all, poses no serious health problem during adolescence. However, the implications for adult years are significant as 80 percent of obese children become obese adults. Hypertension and arteriosclerosis do occur during the teenage years and have disastrous implications for adult mortality and morbidity.

Adolescent growth and development

Dr. Isabelle Valadian, Professor of Maternal and Child Health at the Harvard School of Public Health, defined adolescence as the "period in which the child grows into a mature man or woman. He becomes sexually mature,

achieves the ability to reproduce, and realizes the kind of physique he is to have as an adult." Profound, complex, and interrelated changes occur during adolescence. The changes are physical, physiological, mental, emotional, and social in nature.

Adolescence includes three periods: prepubescence, pubescence, and postpubescence. Prepubescence includes the early and rather hidden changes associated with the beginning of altered endocrine activities. It starts at about 8 years for girls and 10 years for boys. Postpubescence is the final process in the attainment of adulthood and is characterized by a terminal deceleration of growth, an increase in muscle development, and maturation of sex organ function.

Pubescence, the central period, starts abruptly and is characterized by rapid growth and physical maturation. Dramatic weight and height changes, which start in prepubescence, reach a peak in pubescence when many of the secondary sex characteristics and major physiologic changes also occur. The changes which accompany rapid growth are very orderly and predictable when considered in terms of a child's physiological age or his "year of maximum growth" rather than in terms of his chronological age.

Prior to and during the year of maximum growth, adipose tissue is growing at a minimum rate or even decreasing in amount. This period of minimum fat tissue formation is a good time for obese children to be encouraged to lose their fat. Those who remain obese after the growth spurt are very likely to be obese adults.

The rapid growth spurt renders the adolescent body more vulnerable to environmental circumstances and therefore requires close medical supervision. We are aware of the dangers inherent during periods of rapid growth and give close medical and nutritional attention to infants. Dr. Valadian stated that we often overlook this need in our care of adolescents.

A review of teenage nutrition in the United States

The discussion of background information on the youth of today was concluded by *Dr. Ruth Huenemann*, Professor of Public Health Nutrition, University of California at Berkeley, who reviewed "some highlights of what we know and do not know about the nutrition of teenagers."

Assessment of Nutritional Status.—Four major kinds of measurement are traditionally used in the assessment of nutritional status: anthropometric (height, weight, skinfold thickness, and others); biochemical (determination of nutrients and metabolites in blood, urine, and sometimes other tissues); clinical; and dietary intake. A combination of the four kinds of measurements provides

information from which we can derive an assessment of the nutritional status of an individual or group.

Many dietary studies are made without accompanying biochemical, clinical, and anthropometric measurements. These studies have a definite value in teaching nutrient values and desirable nutrient intakes, and they may provide clues toward possible dietary lacks or excesses that should be checked out by other measures. However, they are not measures of nutritional status.

Dietary intakes are generally compared with the Recommended Dietary Allowances of the Food and Nutrition Board. The recommended allowances are clearly labeled as goals for intakes of groups; they are not designed for use as requirements for individuals. Comparison of dietary intakes with food guides such as the Basic 4 should also be done with caution. These food groups serve as a guide for beginning nutrition. Teenagers are probably ready for a more sophisticated nutritional explanation. Also, many of the foods they consume do not fit easily into the pattern of food groups.

An additional caution was voiced by Dr. Huenemann concerning interpretation of dietary studies. Determination of diets on the basis of a 24-hour study may be particularly misleading with teenagers because their nutrient and calorie consumption can vary tremendously from day to day.

Findings of Studies of the Nutritional Status of Teenagers.—"To date there have been no nationwide studies of a statistically valid sampling of American youth," stated Dr. Huenemann. One is now in progress. The Health and Nutrition Examination Survey (HANES), under the sponsorship of the National Center for Health Statistics, will include teenagers in its nationwide study of Americans ages 1-74.

Two recent studies of teenagers as a whole and numerous studies of smaller groups show several trends. Iron intakes of girls were commonly low, and some groups and individuals had low intakes and blood levels of vitamins A and C. Low intakes of calcium were also fairly common.

Some Matters for Concern.—Dr. Huenemann concluded that, on the basis of evidence available, we have no information as yet on the nutritional status of American teenagers as a whole; the tremendous variations in measures of nutritional status indicate that there is a proportion of the teenage population with nutritional problems. The major problems appear to be anemia (primarily in girls), dental caries, and obesity.

Nutrition educators must respond to the very rapid changes in food supply and eating practices. The increase in prepared, convenience, and manufactured foods, according to Dr. Huenemann, necessitates instruction of nutrition in terms of nutrients. We can no longer trust that the "lesser" nutrients will take care of themselves when the

traditionally considered nutrients are supplied in sufficient quantities.

Secondly, many people rarely or seldom eat meals, and nutrition instruction should be geared to the eating patterns now in existence. Finally, our nutrition education programs for teenagers often underestimate the fund of technical knowledge harboured by high school students, and therefore underestimate their ability to assimilate nutritional concepts.

Developing dietary habits

The second day of the Conference opened with a symposium which questioned: "Who is responsible for developing the dietary habits of youth?" Home-parent, school, peer group, media, and industry representatives were asked to discuss the question.

Home-parent.—*Mrs. Bernard Joy*, a parent of Washington, D. C., feels that the home has the initial responsibility of demonstrating desirable nutritional habits to the infant and preschool child. The responsibility of the home to the older child is to continue to demonstrate good dietary practices in the meals served and to serve these meals in an appetizing, pleasant manner and on a predictable time schedule.

School.—*John T. Broaddus, Jr.*, Principal, George C. Marshall High School, Fairfax County Public Schools, Virginia, spoke of the possible role of administrators in developing their students' dietary habits. Administrators are in a position to observe the effects of poor eating habits of teenagers in terms of obesity and the headaches and stomachaches caused by failure to eat.

Mr. Broaddus sees a number of problems in teenage eating habits: "There is a complete non-acceptance of vegetables in school feeding by the teenager (with the exception of french fries and mashed potatoes)." Many children are rarely or never seated for a family meal. Teenagers are eating more meals away from home. Health food fad stores are on an increase. Children apparently eat as they choose with little effective parental interference.

It now falls to the school to make an effort to improve the health of the child or to supplement family efforts. Public schools need help if they are to assist parents in closing the nutritional gap in our society. It can be accomplished effectively only when—

- New, inexpensive, accurate, dynamic material is available.
- Instructors have a background in basic nutrition.
- There is a team effort of agencies which assist the school.
- There is involvement of students in program planning.

According to Mr. Broaddus, the schools need the help of nutritionists if relevant, effective programs are to be realized.

Peer Group.—*Leanne E. Cupp*, an officer of the Future Homemakers of America, spoke of the situations peculiar to teenagers in establishing their dietary habits. The teenager spends a great deal of time away from home. During this time he may need to rely on his small budget for meals or snacks; he feels he can afford only greasy hamburgers and soda, or potato chips or a chocolate bar between classes. The teenager is subject to many pressures and stresses: peer pressure to perform as the group does, pressure to perform adequately academically, the possibility of military service. These pressures, according to Miss Cupp, affect eating habits and increase the chance of over-eating and of neglecting foods usually present only in meals.

Nutrition education courses offered periodically in the schools seem to have little permanent effect on the eating habits of students. Students do eat more wisely for a month or two but then—even though students know what they should eat—old and more satisfying habits return. Miss Cupp feels that a nutrition education course offering constant and progressively more sophisticated nutrition information may be a more successful approach than the current often spotty presentations of nutrition information.

Media.—*Mr. Daniel Alfieri*, Director of Public Affairs, Grocery Manufacturers of America, stated that since the White House Conference on Food, Nutrition and Health, nutrition is no longer the sole property of nutritionists. A number of different groups are now trying to reach the young and make nutrition alive for them.

The press tends to give attention to uncommon nutritional practices. Now, according to Mr. Alfieri, may be the time to see whether desirable nutrition practices can compete effectively with other topics covered by the media.

Shaping dietary patterns is not the primary function of the media, but they do have a responsibility to respond honestly to matters of nutritional importance. The media can be used effectively as disseminators of nutritional information. Life styles are changing, meals away from home are common, and food habits are changing rapidly. "Have we presented contemporary nutrition information for teenagers?" questioned Mr. Alfieri.

We should use the media to reach young families and teenagers, but we must reassess our approaches. We must reach the young on their own terms and help media people understand what we, as nutritionists, want to get across to the public.

Industry.—*James P. McFarland*, Chairman of the Board and Chief Executive Officer, General Mills, Inc., spoke of the responsibility that industry has in the devel-

opment of dietary habits. The first requirement of a food company is to produce "good food that people wish to eat." No food, whatever its qualities, has value if it isn't consumed. It is essential for continuing success that a company's products contribute to the well-being of consumers. "Products can contribute with maximum effect only when the consumer uses them properly—and that means with adequate knowledge."

General Mills believes that they have "a continuing obligation to provide sound nutritional information as part of the process of efficient manufacture and distribution of good foods." Mr. McFarland noted some of the actions taken by industry in the interest of presenting sound nutrition information to consumers: nutritional labeling; emphasis through various media of the importance of variety in diet; the Nutrition Foundation (which sponsors workshops, seminars, and courses for medical and dental professionals); and numerous activities by individual companies.

Youth Panels.—A panel of high school youth reacted to the discussions of dietary habits. There was some feeling that parents neglect to raise children with "proper attitudes toward food." A feeling of inner city youth was expressed—"Nutrition isn't the thing. No one thinks of it. All the kids know is that they aren't hungry. Their stomachs don't hurt."

The students all had critical words for the school lunch. "The psychological aspect of eating is neglected. School meals are often served in a non-appetizing atmosphere," stated one young man. Another student announced, "The vegetables are awful." The school lunch vegetables were repeatedly and strongly criticized by the students. Both their appearance and taste were considered unacceptable.

Snacks are a necessity to students whose hours and schedules are rushed and irregular. Dinner may be the only "meal" in a traditional sense. Snack items easily available to students are primarily sweets and starches, the latter of which are often high in fat content.

Conclusion.—The symposium closed with the feeling that many factors and many individuals affect the dietary habits of youth: home, school, friends, industry, the media, and the changing pulse of today's way of life.

Nutrition education—programs, actions, techniques

Nutrition education programs are at times presented by government agencies, schools, voluntary agencies, and industries. The next six speakers at the Conference directed their attention to particular programs in one of the above four types of organizations.

Government—Nutrition Education Through School Food Service.—*Frances W. Dobbins*, Nutrition

Coordinator, School Lunch Division, Oklahoma State Department of Education, spoke enthusiastically of a comprehensive school nutrition program in her State. Breakfast, lunch, milk, and classroom education in nutrition are included in this program in Byng consolidated schools.

During the first semester of the breakfast program teachers witnessed a virtual elimination of midmorning sleepiness, stomachache, headache, and general apathy. Student-teacher rapport increased, and a number of students showed significant increases in their grades. The concept behind this successful program is that good nutrition is the foundation for a healthy body and an alert mind, and both the body and mind must function properly for the academic program to achieve its maximum potential.

An effective nutrition program must include the educators, Mrs. Dobbins noted. In-service training programs for the teachers may be necessary in elementary school nutrition programs. In-service training was handled in Broken Arrow Schools, Oklahoma, by the Food Service Director, Vocational Home Economics Teachers, and Future Homemakers (advanced students). Classes in nutrition education are now conducted there on a continuing basis and teachers are urged to participate. Immediate results of the school nutrition program include a 25-percent increase in participation in the school feeding program and a plate waste reduction of 50 percent.

Mrs. Dobbins noted that the key to a successful school nutrition program is the school administrator. Once the idea of a sound education program on nutrition has been sold to the administrator the program is well initiated, and with the cooperation and team efforts of local school systems and school boards, State consultants, and the USDA Food and Nutrition Service, a successful program can be realized.

Government—Nutrition Education Through Health Programs.—*Mrs. Ann Rowland*, nutritionist, formerly with the Children and Youth Project, University of Alabama Medical Center, Birmingham, Alabama, spoke of Children and Youth Projects, in particular the one located in Jefferson County, Alabama.

Children and Youth (C&Y) Projects were authorized in 1965 by Public Law 89-97—the Law which authorized Medicare. The overall objectives of C&Y projects are to "explore new methods of delivering health care and at the same time provide comprehensive health services to pre-school and school-age children in areas with a concentration of low-income families."

Nutritionists in the C&Y project in Jefferson County are responsible for providing continuity in nutrition health services. They are to identify nutritional needs of the project population, assist in establishing realistic nutrition

goals for project participants, and provide the families with information concerning food and nutrition, food products, food purchasing, and food preparation.

Obesity and dental caries are the major nutritional problems in the adolescent population of the Jefferson County project. Other teenage diseases with nutritional implications are duodenal ulcers, hypertension, rheumatic heart disease, congestive heart failure, and diabetes mellitus. A survey of dietary habits of adolescents in the project indicated a limited use of milk, vegetables, and fruits, and an excess of bread, cereals, concentrated sweets, and fats.

The nutritionist in the Program's adolescent clinic has found the following approaches to be successful in working with teenagers:

- Giving the adolescent credit for knowing something.
- Giving him a chance to talk and ask questions.
- Displaying a sincere interest in him as an individual.
- Being honest with him.
- Respecting his point of view.
- Trusting him.
- Being flexible in interpersonal relationships.
- Providing knowledge on his level.
- Learning to listen.
- Actively engaging the teenager in the solution of his own problem.

Schools—Innovative Techniques in Teaching Nutrition.—*Dr. Hazel Taylor Spitze*, Associate Professor, Vocational and Technical Education, University of Illinois, spoke of the need to change some of our ways. "Many of our schools are not relevant enough," she said. Students are bored, and often teachers are bored too." Changes in teaching techniques and materials are needed.

The innovative techniques presented by Dr. Spitze are based on the following principles: (1) students are active participants, (2) students are mentally and emotionally involved, and (3) the situations are real or reasonable simulations of reality.

What can we do to replace the abstract, dull, telling-and-testing techniques of teaching so often used today? Play games. Not just entertainment games, but games which teach. In order to play and win one must acquire and use specific subject matter. Dr. Spitze has developed a number of innovative games which have been successfully used in school nutrition classes. They may be board games or card games. To win a player may, for example, need to accumulate a Recommended Daily Allowance of each nutrient. The player may be penalized for consumption of excess calories, or handicapped for pregnancy or an underweight condition.

Students also enjoy learning by discussing personal experiences or enacting simulated life experiences. Can they design a diet sufficient in calcium for the girl who doesn't

like milk? Can a boy who would like to live on hamburgers and french fries satisfy his requirement for vitamin A? If a student adds a daily Coke and a candy bar to a previously calorically balanced diet, how long will it take for that student to gain 20 pounds? The answers found by the students will likely be far more meaningful to them than a lecture on calcium, vitamin A, and calorie requirements. The students have been given an opportunity to apply knowledge and see usefulness in it.

Schools—Food Practices and Eating Patterns, A Conceptual Approach.—"The options for an individual's food practices and eating patterns," stated *Dr. Elena M. Sliepcevich*, Director, School Health Education Study, Washington, D. C., "are diverse and ever changing." Food practices and eating patterns are determined by physical, social, mental, economic, and cultural factors. Nutrition education must consider all of the factors of society, technology, and culture that influence individual and group nutritional behavior, and it must not focus primarily on food groupings and energy expenditure/caloric intake considerations.

The School Health Education Study, a nationwide, non-profit, educational project has developed a comprehensive health education curriculum based on a conceptual approach to learning. The curriculum deals with contemporary, realistic, and relevant issues and concerns. There are three key concepts and ten other concepts which serve as organizing elements of the curriculum. The conceptual theme relating to nutrition is: "Food selection and eating patterns are determined by physical, social, mental, economic, and cultural factors."

Behavioral objectives developed for this concept are designed to present a "microscopic and universal view of food practices and eating practices." Each objective "pertains to all growing and developing individuals throughout the life cycle, interacting with others and their various environments, making decisions or evaluating decisions made for them by others."

The entire program is flexible and can be adapted to meet the varying needs, interests, and learning styles of students, the cultural diversity of the community, and administrative and organizational patterns of the school system. The learning materials cover a kindergarten through grade 12 sequence. The curriculum is stated in a conceptual rather than factual outline. A great variety of possible learning opportunities are suggested. The learning opportunities are designed to have the students make choices, collect data, weigh options, and make judgments and decisions. The focus is on life-long skills and total behavior—what an individual knows, feels, values, and how and why he acts as he does.

Voluntary Agency—Georgia Teenage Nutrition Project.—*Karen Morgan*, a member of the Georgia Youth Council, spoke of the Georgia Teenage Nutrition Project, a concerted effort among youth and adults to improve the nutritional status of Georgia's teenagers. The project is sponsored by the Georgia Nutrition Council and financed by business and professional organizations.

The major purpose of the Teenage Nutrition Project is to "to identify and seek solutions to nutritional problems of the State's teenagers." The specific goals as stated by Miss Morgan are:

1. To improve the dietary habits of teenagers.
2. To develop an appreciation of the food industry and its contribution to our high quality food supply.
3. To develop an awareness of our dependence on agriculture to provide an adequate quantity of food essential for health.
4. To develop an awareness of careers in food and related fields.

An annual State Teenage Nutrition Conference is the primary vehicle through which the goals are carried out. Conference participants are from youth educational organizations and high school nutrition councils which serve teenage youth of 14 years or older and have nutrition and/or career exploration in foods as a part of their program. The Conferences are planned and run by the Georgia Youth Council. Youth speakers and discussions dealing with teenage problems are favored at the Conferences. The Georgia Teenage Nutrition Executive Board is responsible for Conference followup activities including exhibits, brochures, and a bimonthly news release.

Teenage nutrition in Georgia has become a lively and exciting subject. Interest stimulated at State Conferences has spread to local groups and individuals. The real strength of the program, according to Miss Morgan, has been:

1. Involvement of youth leaders and, through them, other teenagers.
2. Helping teenagers recognize their own problems.
3. Encouraging teenagers to assume responsibility for making needed decisions.
4. Giving teenagers guidance in knowing what needs to be done.
5. Having well informed adult leaders to help youth carry out goals.

Industry—Nutrition Awareness Campaign 1971.

—*Milan D. Smith*, Chairman, Food Council of America, reported on the Nutritional Awareness Campaigns of 1970 and 1971. The food industry realized that a serious problem existed. Consumers seemed to be unaware of the need to eat a balanced diet every day. They seemed to lack interest in or knowledge of the health benefits to be

gained from eating correctly. The Nutritional Awareness Campaigns, sponsored by the Food Council of America, were undertaken to help reestablish the importance of a balanced diet in the minds of consumers.

The 1970 campaign was conducted upon the recommendation of the Food Distribution and Retailing Panel of the 1969 White House Conference on Food, Nutrition and Health. A simple yet effective campaign slogan was adopted: "Eat the Basic 4 Foods Every Day." A specially designed symbol illustrating the basic four food groups was created. During September and October, the advertising and promotional efforts of food packers, distributors, and retailers were directed toward reminding shoppers that ample amounts of nutritionally desirable food were offered in all food stores and that each shopper should make an effort to plan well-balanced and nutritious meals for her family. Many individual companies incorporated the campaign's symbol and slogan into labeling or other special promotional efforts.

Activities of the 1970 campaign were continued or expanded during the 1971 campaign. Mr. Smith stated that food industries realize it is in their best interest to have a more nutritionally aware, discriminating consumer public. The support of nutritionists, home economists, scientists, government officials, and individual citizens is asked by the Food Council of America in their efforts to improve the eating habits of the American people.

Nutrition in perspective

Dr. Ruth M. Leverton, Science Advisor, Agricultural Research Service, U. S. Department of Agriculture, spoke of the recent outburst of enthusiasm for the subject of food and nutrition. It is encouraging, yet it brings problems, noted Dr. Leverton, "as it has given faddists, zealots, and other extremists an opportunity to increase their customers, profits, and power structure."

The role of the nutrition educator is to carry appropriate information from the research and development laboratories to the public. The public's increased interest in nutrition and food has added new challenges. On the premise that to understand your opponent is to increase your own position, Dr. Leverton discussed three of the factors with which nutrition educators must contend today.

An increase in the amount of misinformation available to consumers has occurred hand-in-hand with increased consumer interest in nutrition. Most information has its origin in fact and still retains some truth. The consumer who is misinformed generally has no way to judge the veracity of the information which has been supplied to him. The nutrition educator who is faced with a misinformed consumer would aid his own cause by being very tolerant and understanding of the misinformed individuals

—and by offering precise technical information on the topic of interest. If professionals offer vague and unsatisfactory, even though correct, information, the inquiring individual will probably turn to someone who will supply him with a definite, personally satisfying answer.

A second hazard to food scientists and nutritionists is the "indiscriminate distrust of scientific and technological progress that is displayed by many self-appointed guardians of our welfare." The tremendous increased interest in "natural" or organically grown foods is one result of this distrust. There is nothing wrong with organically grown foods. There may be advantages to them. They may be grown closer to the place of sale and thus be fresher, and the aura of a return to nature will appeal to some; but greater nutritional value is not one of the advantages.

The third challenge, noted Dr. Leverton, is dealing with people who are going to extremes in using particular diet patterns as a means to a better way of life. New food cults, often with religious significance, may lead to a change in the whole way of life of the followers. A food practice or idea that differs from the established, conventional patterns should not be suspect simply because it is different. It may be perfectly satisfactory nutritionally. However, certain extreme diet patterns are too dangerous to be ignored. The Zen Macrobiotic System of Diets illustrates the hazardous extremes to which diet fads encourage their participants. There are ten stages in this diet system. The most extreme diet and the one most desirable to members consists only of cereals, chiefly brown rice, accompanied by restricted fluid intake. This diet is proposed as a cure for a number of ailments including cancer, mental disease, and heart trouble. The Food and Nutrition Council of the American Medical Association issued a warning about the severe nutritional implications of this diet in its *Journal*. (*Jour. Amer. Med. Assoc.* 218, 396 (Oct. 18, 1971)).

In closing, Dr. Leverton warned that we must be current in our efforts to work with teenagers and their diets. We need to supply them with more of the facts they want. We must accept that snacks are here to stay, and offer advice on the wise use of this way of eating. Most importantly, we must understand the dietary fads and ex-

trêmes of youth so we can build nutritional value into their diets with a minimum of change in the diet itself.

Releasing youth potential

"Instead of including youth in our society as responsible, needed participants, we are increasingly excluding them," stated *Dr. Catherine V. Richards*, Chief, Youth Service, Office of Child Development, Department of Health, Education and Welfare. We demand that youth learn responsibility, yet deprive them of opportunities to carry responsibility. We exclude youth from the experience of participating actively and creatively in society with adults.

Young people need to be wanted, need to belong, and need to have access to an understanding person—to someone who cares. Adolescence is the time when people reach out for new experiences and for the opportunity to assert themselves and to develop an awareness of themselves. Adult consultants can help the young person realize the qualities and abilities he can use to meet the challenges which confront him.

These needs of today's adolescents are similar to those of other generations of youth. The difficulty for today's youth is locating opportunities for those experiences so essential to growing into adulthood. The "gatekeepers" of organizations and institutions are reluctant to offer young people what they desperately need: activities of value to others; activities that engage the intelligence, energy, and capabilities of youth. Youth need adults who will help them release their potential to tackle their personal problems and the problems of the community or nation.

Closing luncheon

The Conference closed with a working luncheon during which participants discussed personal needs and plans for action at the local level. Participants were seated with others from their State or region and thus had an opportunity to become better acquainted and possibly begin plans for joint activities.

The Conference was stimulating and informative. It is the hope of those who planned the Conference and those who attended that teenagers, too, will soon reap benefits from what was learned and decided here.